

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		41410	
Township of <u>S. P. Paul</u>		Bureau of Vital Statistics			
Inc. Town of <u>Asheboro</u>		State Board of Health			
City of <u>Asheboro</u>		Registration District No. <u>91012</u>		Registered No. <u>71</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>James Stewart</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 7, 1922</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank L. Jenkins</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Stewart</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Grimes Island</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Grimes Island</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)		
(12) BIRTHPLACE <u>Grimes Island SC</u>			(18) BIRTHPLACE <u>Grimes Island</u>		
(13) OCCUPATION <u>Farmer Laborer</u>			(19) OCCUPATION <u>Farmer Laborer</u>		
(20) Number of children born to mother, including present birth <u>None</u>			(21) Number of children of this mother now living, including present birth <u>None</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>9 P. M.</u> on the date above stated. (Born <u>stillborn</u>) (Hour <u>A. M.</u> or <u>P. M.</u>)					
(23) (Signature) <u>Dr. J. L. Jenkins</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Grimes Island</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>1922</u> Registrar			(27) Filed <u>April 7, 1922</u> (28) <u>Dr. J. L. Jenkins</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					